PORT AUTHORITY OF TRINIDAD AND TOBAGO

PORT OF SPAIN INFRASTRUCTURE COMPANY
(A Strategic Business Unit of the Port Authority)

SECTION 1

FORM FOR REGISTRATION OF CONTRACTORS

Note: Plain white sheets of A4 paper can be used if you require additional space to provide the information requested. These sheets must be attached to your Application.

Firms and individuals that currently provide contract services for the Port Authority are also required to complete this Form, if they wish to continue as service providers.

A. GENERAL BACKGROUND AND ORGANISATION OF FIRM
   (Complete in BLOCK LETTERS)

1. Name of Company

........................................................................................................................................................................

2. Registered Address of Main Office (if any)

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........................................................................................................................................................................

3. Postal Address (if different from above)

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4. Contact Information

Telephone No.: Business:................................................. Cellular No: .................................................
Fax No.: ..........................................................
E-mail: .........................................................
Website: ........................................................
5. **Statutory Information (Please attach copies)**

B.I.R. Tax Certificate #: ………………………………………………………………………
VAT Registration #: ……………………………………………………………………….
NIS Certificate #: ………………………………………………………………………

6. **Establishment/Incorporation of Firm:**

Year: ....................... Country:................................. State: ............................
(Please submit copy of Registration Document)

7. **Type of Organisation:** (Tick appropriate box)

- Sole Proprietor
- Partnership
- Limited Company
- Private Company
- Joint Venture
- Consortium
- Other (specify) ………………………………………………………………………...

(Please provide an Organizational Chart)

8. **Nature of Business**

………………………………………………………………………………………………
………………………………………………………………………………………………
……………………………………………………………………………………………
……………………………………………………………………………………………
9. **Insurance** (The Applicant must provide evidence of Public Liability and Workmen Compensation Insurance)

i. Public Liability ………………………………………………………………………
   (Name of Company)
   Value: …………………………… Date: ……………………………
   Period Covered: ………………………………………………………………

   Please note that the minimum value of Public Liability insurance required is TT$5.0Million

ii. Workmen’s Compensation: …………………………………………………
    (Name of Company)
    Value: …………………………… Date: ……………………………
    Period Covered: …………………………………………………………..

10. **Name of person(s), banks or other financial institutions which will stand as surety for you and sign a Performance Bond in the event of a contract to be awarded:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Telephone</th>
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SECTION 2

B. RESOURCES AND WORK EXPERIENCE

CONTRACT WORK/SERVICES

1. Category/ies of contract work the applicant is willing to provide (Refer to Schedule 1)

2. Cost of work which applicant is interested in undertaking: [Tick appropriate box(es)]

   Under $100,000
   over $100,000 to 250,000
   over $250,000 to $500,000
   over $500,000 to $1,000,000
   over $1,000,000 to $2,500,000
   over $2,500,000 to $5,000,000
   All of the above

3. Directors of Firm

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Qualifications/Experience</th>
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4. **Other Key Personnel of Firm**

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<th>No.</th>
<th>Name</th>
<th>Position</th>
<th>Qualifications/Experience</th>
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5. **Number of Permanent Staff Employed** (State categories within each group)

   Professional: ________________  
   Skilled: ________________  
   Supervisory: ________________  
   Technician: ________________  
   Unskilled: ________________  
   **TOTAL:** ________________

6. **Number of Temporary Staff Employed** (State categories within each group)

   Professional: ________________  
   Skilled: ________________  
   Supervisory: ________________  
   Technician: ________________  
   Unskilled: ________________  
   **TOTAL:** ________________

7. **Company Experience**  
   Number of years experience as a Supplier/provider of Works/Services: ..............

8. **Summary of Plant and Equipment or other assets available for use on contracts:**

<table>
<thead>
<tr>
<th>No. of Pieces</th>
<th>Type of Plant/Equipment</th>
<th>Make and/or Model</th>
<th>Year of Manufacture/Purchase</th>
<th>Source (Owned, Rented, Leased)</th>
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9. **Approximate average value of contractors completed in the last three (3) years.**

   i. 2009 ........... $....................................................
   ii. 2010 ........... $....................................................
   iii. 2011 ........... $....................................................

10. **Major contracts successfully completed in the last three (3) years.**

<table>
<thead>
<tr>
<th>Year</th>
<th>Projects</th>
<th>Client Company</th>
<th>Contact Person and Tel/Cell No.</th>
<th>Contract Price ($)</th>
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11. a) **Has there been any instance within the last three (3) years where a contract, which was awarded to you, had to be completed by another contractor?**

   Yes [ ] No [ ]

b) **If your answer to 13 a) is yes, please provide further details.**

   ........................................................................................................................................................................
   ........................................................................................................................................................................
   ........................................................................................................................................................................
   ........................................................................................................................................................................

12. **Contracts in hand.**

<table>
<thead>
<tr>
<th>Projects</th>
<th>Employer</th>
<th>Date Commenced</th>
<th>Completion Period</th>
<th>Percentage (%) Completed</th>
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</table>
13. What are your preferred Terms of Payment?
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........................................................................................................................................

14. Litigation History
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........................................................................................................................................
SECTION 3: STATUTORY /FINANCIAL/LEGAL REQUIREMENTS

1. **HSE Plan**

Applicant is required to submit an HSE Plan and safety record with the application.

**Note:** Contractors must comply with POSINCO’s Safety Code and site specific requirements as well as the statutory requirements under the OSH Act.

2. **Bank Reference**

Applicant is required to submit a Statement of Credit Worthiness/Financial Standing with the application.


Applicants are required to submit a Police Certificate of Character in order to obtain a Wharf Pass for every person who is expected to work on the Port at the time of Award of Contract.

4. The undersigned hereby certifies that the information submitted in this application is complete and true in all respects and that he/she is authorised to execute and submit this application form on behalf of the company/organisation.

---------------------------------------------------------------------
Signature

---------------------------------------------------------------------
Name of Signatory (BLOCK LETTERS)

---------------------------------------------------------------------
Position in the Company

---------------------------------------------------------------------
Name of Company

---------------------------------------------------------------------
Company’s Seal or Stamp

---------------------------------------------------------------------
Date
Schedule 1

REGISTRATION INSTRUCTIONS

1. The Package of documents to be submitted for Registration shall include:
   a) Completed Registration Form
   b) VAT, NIS, BIR Certificates no longer than six (6) months old
   c) Certificate of Incorporation
   d) Evidence of Public Liability Insurance
   e) Evidence of Workman’s Compensation Insurance
   f) HSE Policy and Safety Record
   g) Copy of Company Registration/Incorporation Document
   h) Company Organization Chart
   i) Bank Reference or Reference from a Financial Institution
   j) Copy of receipt as evidence of the payment of the Application Fee of $500.00.

2. Invitation to Register / Update Registration (As a Supplier/ Contractor/ Consultant with the Port Authority of Trinidad & Tobago)

The Port Authority of Trinidad & Tobago is in the process of updating its database of small and medium sized contractors and Consultants. Therefore, all previously registered firms and individuals are invited to update their registration information. New firms and individuals are also being invited to register with the Authority.

Warning

Existing registered Firms/Individuals are advised to adhere to this invitation to ensure that their status as contractor/ consultant is maintained.

3. Application Fee

Applicants are required to pay a non-refundable fee of $500.00, for each application, to the Cashier, Port Authority, located on the Ground Floor of the Port Administration Building, Dock Road, Port of Spain. A copy of the receipt is to be submitted with the Application.

4. Further Information

Further information may be obtained from the Port Secretary’s Office. You can contact Ms. Erva Bruno, Port Secretary at 623-2901-4 Ext. 110 or 111 or email at ervab@patnt.com
5. **Presentation of Information**

Your completed registration form must be submitted in triplicate (original and two (2) copies), addressed to:

Erva Bruno  
Port Secretary,  
Port Authority of Trinidad and Tobago,  
Dock Road  
Port-of-Spain

and placed in an envelope clearly marked:

“Application to Register as a Contractor”  
(Also state Category of Work).

**Applicants can apply for one or more of the six (6) categories of work as shown in Schedule 2.** A separate application must be made for each category of work. The Category of work must be stated on the envelope.

6. **Submission of Information**

The envelope must be deposited in the Box provided on the Ground Floor of the Port Administration Building. **The Box will be marked: “Registration of Contractors”. The specific category of work shall also be stated on the box. APPLICANTS FOR MORE THAN ONE CATEGORY OF WORK MUST SUBMIT A SEPARATE APPLICATION FOR EACH CATEGORY.**

Application Packages will be available from 2012 January 16. Those interested should make submissions using the available application form which is downloadable from the web site for the Port Authority of Trinidad and Tobago at: [www.patnt.com](http://www.patnt.com). The following information is required in the Application Form:

- a) The qualifications and experience of the directors and key professionals (resumes and organization chart to be included)
- b) Profile of the Firm, giving its history, main line/s of business, length of time in business, address and contact details
- c) Copies of BIR, VAT and NIS Certificates dated not more than 6 months old;
- d) List of major projects undertaken with details of project size, location and client References
- e) HSE Plan and Safety Record
- f) Firm’s financial standing
The Port Authority of Trinidad & Tobago will not be held responsible for envelopes deposited in the wrong box or at any other location.

The Port Authority of Trinidad & Tobago will not pay any costs incurred by firms/individuals during the preparation and/or submission of their Registration Documents.

7. **Closing date for submission of Application**

No applications will be accepted after the respective closing dates for the respective categories of work *(Please see Schedule 2 for Closing Dates for submission of Applications)*.

Under no circumstances would late applications be accepted.

8. **Receipt and evaluation of Applications**

The Box will be opened on the scheduled closing dates for the specific categories of work as shown in Schedule 2.

**Registration Criteria**

Applicants will be evaluated based on the following criteria and points:

<table>
<thead>
<tr>
<th>No.</th>
<th>Criteria</th>
<th>Maximum Point</th>
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<tbody>
<tr>
<td>a.</td>
<td>Experience</td>
<td>25</td>
</tr>
<tr>
<td>b.</td>
<td>Technical Capacity</td>
<td>25</td>
</tr>
<tr>
<td>c.</td>
<td>Resources available (Human Resources and Equipment)</td>
<td>15</td>
</tr>
<tr>
<td>d.</td>
<td>Financial Standing</td>
<td>15</td>
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<tr>
<td>e.</td>
<td>HSE Plan &amp; Safety Record</td>
<td>10</td>
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<tr>
<td>f.</td>
<td>Submission of all the required information</td>
<td>10</td>
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<td></td>
<td><strong>TOTAL</strong></td>
<td><strong>100</strong></td>
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</tbody>
</table>

Port Secretary
Port Authority of Trinidad and Tobago

2011 January 13